

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5	/					
6		/				
7		/				
8	/					
9		/				
10		/				
11		/				
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44		/				
45		/				
46		/				
47		/				
48	/					
49		/				
50		/				
TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	17		↔		↔	↔
TOTAL CLAIMS	22					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS